## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

11/16/2009

Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

(571)-273-2885 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)

DILWORTH & BARRESE, LLP 1000 WOODBURY ROAD SHITE 405

7590

28249

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of EFS-Web Transmission

I hereby certify that this correspondence is being transmitted to the U.S. Patent and Trademark Office via the Office's electronic filing system

WOODBURY, N	VY 11797		A	nn R. Pokals	ку	(Depositor's name)
				Tar. Pokuls		(Signature)
			F	ebruary 12,	2010	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.
10/576,175	04/19/2006		Graeme Bilbe		33440-US-PCT 7229	
ITLE OF INVENTION ELATED DISORDERS		YL-PYRIMIDINYLAMI	NO-BENZAMIDE DER	VATIVES FOR THE	TREATMENT OF A	MYLOID
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEI	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/16/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
JAVANMARD, SAHAR		1627	514-275000			
Change of correspondence address or indication of "Fee Address" (37 FR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			2. For printing on the patent front page, list  (I) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
ASSIGNEE NAME A PLEASE NOTE: Unl recordation as set fort	less an assignee is ident in in 37 CFR 3.11, Com	ified below, no assignee pletion of this form is NC	data will appear on the port of the port o	atent. If an assignce is assignment.	identified below, the c	document has been filed for
(A) NAME OF ASSIG	GNEE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
),	OVARTIS AG		Basel, Swit	zerland 4056		
lease check the appropr	iate assignee category o	categories (will not be p	rinted on the patent):	Individual 🖾 Corpor	ation or other private gr	roup entity Government
a. The following fee(s) are submitted:    Solution   So			4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  In the Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04 1 121 (enclose an extra copy of this form).			
. Change in Entity Sta	tus (from status indicate	d above)				

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

February 12, 2010

34,697

b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2).

Registration No. \_

Authorized Signature /

Typed or printed name

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Ann R. Pokalsky